JOINT COMMISSION UPDATE 2013

Susan B. McLaughlin
NO NEW STANDARDS. . . BUT – NEW INTERPRETATIONS!
MANIFESTS

• EC.02.02.01 EP 11: “For managing hazardous materials & waste, the hospital has the permits, licenses, manifests, and material safety data sheets required by law and regulation.”
  – DOT training for those signing
  – JC will be looking at this
  – Most frequent DOT finding
MEDICAL GAS CYLINDERS

- EC.02.03.01 EP 1 (Fire Risk)
  - Storage in appropriate area
  - >12 E cylinders open to egress corridor
  - Empty & full must be racked separately
MEDICAL GAS CYLINDERS

• EC.02.06.01 EP 1 (Unsafe Condition)
  – Unsecured cylinders
  – Improper locations for transfilling
MEDICAL EQUIPMENT

• DEPARTMENT LEADER
  – Inventory creation
  – Maintenance strategies
  – Evaluate process
  – Evaluate effectiveness

• MAINTAINERS
  – Understanding of maintenance process & strategies
  – Competencies, based on repeat work orders
  – Work scheduled vs. work completed
MEDICAL EQUIPMENT

• STAFF INTERVIEW
  – Evaluate equipment reliability
  – Evaluate response process & time
  – Appropriate staff training on equipment use
  – Customer satisfaction with department

• CONTRACT SERVICES
  – Evaluate reliability of equipment serviced
  – Evaluate integration of the process
MONITORING, REPORTING & INVESTIGATING

- EC.04.01.01 EP 1-11
  - Surveyors were trained on this in January
  - Look at reports into EOC
    - Injuries to patients or others
    - Occupational illness & injuries
    - Security incidents
    - Hazmat spills & exposures
    - Fire safety problems, deficiencies, failures
    - Medical equipment problems, failures, user errors
    - Utilities problems, failures, user errors
EMERGENCY MANAGEMENT

• Discuss recent exercise or event
• Identify lessons learned
• Trace identified opportunities for improvement
• EOP adjustments
• Most frequent findings: emergency credentialing
EMERGENCY MANAGEMENT

• Leadership involvement
• Implementation of HICS
  – Not just command staff
  – Pushed down in organization
  – Implemented for events and exercises
INTRACYCLE MONITORING
(formerly PPR)
ICM

• Improve PPR process
• Identify and proactively manage risk
• In pilot studies:
  – 100% improvement over PPR
  – 100% easy to use
• Began January 2013
• Same reporting options as PPR
• Notes EP in three risk-focused categories
  – NPSG
  – Accreditation program specific risks
  – Selected direct & indirect EP’s
• On focused survey assessment tool will also identify previous RFI’s in current cycle
• EC.01.01.01
  1: Safety Officer
  2: Intervention Authority
  3: Safety Mgmt. Plan
  5: Hazmat Mgmt. Plan
  7: Med Equipt. Mgmt. Plan
  8: Utility Mgmt. Plan

• EC.02.01.01
  3: Action on risks
  8: Security sensitive areas

• EC.02.02.01
  4: Spills & exposures
  7: Hazardous energy sources
  10: Monitoring gases & vapors
• EC.02.03.01
  1: Potential for harm

• EC.02.03.05
  4: Visual & audible alarms
  11: Fire pumps under flow
  19: AHU shutdown by smoke detection

• EC.02.04.01
  1: Input from operators & servicers
  2: Med equipment inventory
  3: Written maintenance procedures
  4: Written frequencies
  5: SMDA
  6: Written failure procedures & emergency clinical interventions
EC

- EC.02.04.03
  1: Performance & safety checks
  2: Life support
  3: Non-life support
  4: Sterilizers
  5: Dialysis water testing

- EC.02.05.01
  6: Airborne contaminants

- EC.02.05.03
  6: Areas where loss of power could result in patient harm

- EC.02.05.05
  3: Life support
  4: Infection Control
  5: Non-life support
- EC.02.05.07
  4: Generator testing
  5: Nameplate/load bank
  6: ATS testing
  7: Triennial 4 hour test
  8: 30% on triennial
- EC.02.05.09
  1: Testing med gas

- EC.02.06.01
  20: No offensive odors

- EC.02.06.05:
  3: Action based on PCRA

- EC.04.01.01
  1: Monitoring, reporting, investigating
  15: Annual evaluations
- **EM.01.01.01**
  8: Implement procedures in response to emergencies
- **EM.02.02.13**
  5: Identification of volunteer LIPs
- **EM.02.02.15**
  5: Identification of volunteer non-LIPs
- LS.01.01.01
  2: e-SOC
  3: PFI time frames
- LS.01.02.01
  1: Fire watch & FD notification
  3: ILSM policy
  4: Exit inspections daily
  5: Temporary alarm & detection

- LS.02.01.20
  22: Patient sleeping room doors not locked
- LS.02.01.34
  1: Fire alarm transmission
- LS.02.01.35
  1: Approved sprinkler system
  2: Fire alarm connected to water flows
INTEGRATED SURVEY PROCESS
PROCESS

- Surveyors have blended expertise – JC & ISO
- Evaluate JC standards compliance
- Evaluate ISO 9001:2008 conformance
- Will include
  - Intracycle monitoring FSA for JC standards
  - Intracycle surveillance audit for ISO
  - Triennial survey JC & ISO
- May be available in 2013 (TBD)
HOT TOPICS
EYE WASH STATIONS

• OSHA recommended locations:
  – Medical services and first aid – caustic & corrosive
  – Formaldehyde (as low as 0.1%)
  – Battery charging or changing
    • Opening caps
• Staff must know location & use
• Risk assessment
PORTABLE EYE WASH STATIONS

• Do not meet ANSI requirements
• Only used as an immediate intervention to get to plumbed eye wash
• Ensure bottles are not outdated
• Some portable units available that will provide 15 minute flush
SURGICAL SITE FIRES

• LS surveyors gown & survey
  – Surgical site fire plan
  – Surgical site fire drills
    • Alarm procedures
    • Rescue techniques
    • Shut off locations
  – Staff training

• Observation of best practice
  – Include surgical site fire response in time out
ENDOSCOPY

• Dedicated equipment processing room
  – Never in procedure room
  – Pre-cleaning of scope must be at bedside
ENDOSCOPY

• No dividing walls in processing rooms
  – Partitions OK

• Flow from soiled to clean
  – 3 feet between clean and soiled scopes

• Work counters, space, utility connections
ENDOSCOPY EQUIPMENT ROOM

- Sinks for manually cleaning
- Hand washing
- Eye wash
- Appropriate automated equipment
- Leak testing equipment
- Low pressure air
- Closed storage
- Ventilation
PROCESSING ROOM VENTILATION

• Negative to surrounding spaces
• Air exhausted directly outside
• Minimum 10 air changes per hour
  – 2 per hour fresh outside air
• No humidity or temperature requirements
SCOPE STORAGE

• Flexible scopes stored in closed cabinet
  – Venting for air circulation
  – Internal surfaces cleanable
  – Adequate height; sufficient space
• Separate clean scope storage room preferred
CLINICAL ALARMS

• Formerly a NPSG; could return
• Silenced alarms
• Inadequate staffing to monitor/respond
• “Alarm fatigue”
• Patient deaths
CLINICAL ALARM CITATIONS

• EC.02.04.01: Equipment Management
  – EP 2: Inventory
  – EP 3: Maintenance, inspection, testing

• EC.02.04.03: Equipment Reliability
  – EP 2: Life support
  – EP 3: Non-life support

• EC.04.01.01: Monitoring & Reporting
  – EP 1: Monitoring problems & failures
SENTINEL EVENT ALERT #50

- Medical Device Alarm Safety in Hospitals
  - April 8, 2013
- Up to several hundred alarm signals per patient per day
  - 85-99% don’t require clinical intervention
  - “Alarm Fatigue” most common contributing factor
STATISTICS

• 98 Sentinel Events / 80 Deaths

• Major contributing factors
  – Absent/inadequate alarms (30)
  – Improper alarm settings (21)
  – Alarms not audible in all areas (25)
  – Alarms turned off (36)
RECOMMENDATIONS

- Leadership ensured process for safe alarm management
- Inventory of devices with alarms used in high-risk areas
- Identify default settings & appropriate limits for each care area
RECOMMENDATIONS

• Establish guidelines for alarm settings based on area & clinical condition
  – Including when unnecessary
• Guidelines to tailor alarms for individual patients
• Inspect, check, maintain devices with alarms
• Train clinical team
RECOMMENDATIONS

• Change single-use sensors as recommended
• Assess acoustics
• Prioritize adoption of alarm technology
• Multidisciplinary team for alarm safety
• Share information about incidents with appropriate organizations
PROPOSED 2014 NPSG

• Improve the safety of clinical alarm systems
  – Individual alarms difficult to detect
  – Numerous alarms
  – Staff desensitization
  – Disabling alarms
  – Defaults not at actionable level
  – Alarm limits too narrow

• Focus on alarms with most direct impact on patient safety
PROPOSED 2014 NPSG EPs

1. Leadership establishment of alarm safety as priority
2. Annual inventory of alarms and identification of default settings
3. Identify most important alarms to manage
PROPOSED 2014 NPSG EPs

4. Policies and procedures for alarm management:
   – Necessity of specific alarms
   – When disabling alarms is appropriate
   – When parameters can be changed
   – Authority for these changes
   – Monitoring & response to alarms
   – Checking for settings, operation, detectability

5. Staff Education
EMERGENCY CLINICAL INTERVENTIONS

• Medical Equipment & Utilities
• Assumption they are in nursing procedures
• Frequently they are not
• Check it out!
ILSM

• ALL Life Safety Code® deficiencies must be assessed for ILSM

• ILSM Policy
  – Which ILSM are implemented and when
  – Policy must match the EP’s
  – Include all LSC deficiencies – not just construction

• Records of assessment & implementation
ILSM ASSESSMENT

• ASHE grid – update to current EPs
• If this condition . . . Then that ILSM
• Ask the right question
  – Construction Project
  – Existing Condition
RISK ASSESSMENT

• EC.02.01.01 EP 1
  – Category A
  – Risk Assessment process
  – Quality of the process

• EC.02.01.01 EP 3
  – Response to identified risk

• EC News, March 2013
RISK ASSESSMENT PROCESS

1. Identify the issue
   – Frame as yes/no question
2. Develop supporting arguments
3. Develop opposing arguments
4. Evaluate with all stakeholders
5. Reach a conclusion
   – Accept or mitigate risk
RISK ASSESSMENT PROCESS

6. Document the process
   – e.g. report to EOC Committee
   – Policy change(s)

7. Monitor and reassess
   – Define monitoring strategy
   – Set follow-up date

Either terminate process or reassess if necessary
LIFE SAFETY DRAWINGS

• Must be current
• Suite designations
• Suite sizes
• Patient rooms used for storage
• Surveyors assess as shown on drawings
• Legend identifies features
• Areas fully sprinkled (if partial)
LIFE SAFETY DRAWINGS

• Hazardous storage areas
• Fire-rated barriers
• Smoke barriers
• Smoke compartments
• Chutes and shafts
• Extinguishers & exit signs
• Location of equivalencies or waivers
SPECIAL LOCKING ARRANGEMENTS

• Clinical needs of the patients
• Delayed Egress  NFPA 101 (2000): 7.2.1.6.1
  – Alarm & release in (15-30) seconds
  – Must be manually reset
• Access-Controlled Egress: 7.2.1.6.2
  – Sensor detects approach
  – Manual release within 5 feet
MOTHER/BABY UNITS

• SOME, BUT NOT ALL AHJ’S WILL PERMIT:

• Management process
  – Master release at nurse station
  – “Push to exit” buttons
  – Key or badge control
    • All staff have keys or badges
PRESSURE DIFFERENTIALS

• POSITIVE
  – ORs and C-section delivery rooms
  – Sterile Processing clean workroom & sterile storage
  – All sterile storage areas (OR sterile core & any other areas for storage of sterile supplies)
  – Protective Isolation rooms
  – Cardiac Cath Lab
  – Interventional Radiology
PRESSURE DIFFERENTIALS

• NEGATIVE
  – Sterile Processing decontamination room
  – Endoscopy scope cleaning room
  – Bronchoscopy room
  – Airborne infectious isolation rooms
PRESSURE DIFFERENTIALS

• DEBATABLE
  – Endoscopy procedure rooms
    • 2001 vs. 2010 FGI Guidelines
  – Rooms with GUS stations for ultrasound probe cleaning
    • Should be in a dirty area
    • Watch for Joint Commission FAQ
RECOMMENDATION
(NOT regulation)

• Measure pressure differentials AT LEAST annually
• Verify AT LEAST quarterly
• Surveyor will check with tissue test
INFECTION PREVENTION

• Food carts in soiled utility rooms
  – Do they go through cart wash before reuse?
EMP VS. EOP

• Emergency Management Plan
  – Executive summary of how JC standards are met
  – No longer required

• Emergency Operations Plan
  – Detailed document on how the organization manages during an emergency
  – “The EOP describes...”
USE & DISTRIBUTION

• EOP frequently written as executive summary
  – “Too big”
• Limited distribution
• Primary audience is Command Staff
• Hospital staff need incident-specific plans
CONTENT

• Everything in standards must be addressed

• Don’t be limited by standards
  – NIMS compliance issues
  – NDMS
  – Include all relevant information

• Be creative
  – Diagrams for radio use
  – Maps of campus traffic flow
ORGANIZATION

• Don’t be limited by standards
• Common threads throughout standards
• A single EP may merit an entire EOP chapter
  – Incident Command
  – Alternate care sites
• Multiple standards may be included in one chapter
  – HR Chapter
    • Staff issues
    • Emergency credentialing (LIP, non-LIP)
INDEXING

- EM Committee must be able to navigate
- Locate JC references within EOP
- Table of contents or index is important
- Electronic formats
  - Linkages
  - Navigation
JOINT COMMISSION’S TOP 10 LIST
2012 TOP 10

2. LS.02.01.20: Integrity of means of egress (51%)
3. LS.02.01.10: Maintenance of building & fire safety features (46%)
4. IC.02.02.01: Reducing risk of infections associated with medical equipment, devices, supplies (42%)
5. EC.02.03.05: Maintenance of fire safety equipment & building features (40%)
2012 TOP 10

6. LS.02.01.30: Protection from hazards of fire & smoke (39%)
7. EC.02.06.01: Safe, functional environment (35%)
9. LS.02.01.35: Fire extinguishing systems (34%)
10. EC.02.05.01: Utility system risks (34%)
2. Maintaining integrity of means of egress (51%)
   – Corridor Clutter
   – Suite boundaries and size on LS drawings
CORRIDOR CLUTTER

Corridor Clutter is NOT a PFI issue!
3. Building & fire protection features designed to minimize effects of fire, smoke, & heat (46%)
   – Building Type
   – Door Issues
   – Penetrations
4. Reducing risk of infections associated with medical equipment, devices, supplies (42%)
5. EC.02.03.05: Maintenance, testing, inspection of features of fire protection (40%)
COMMON PROBLEMS

• EP 1: Supervisory signals
  – Fire pump
  – Kitchen system
  – Etc.

• EP 3: Electromechanical releasing devices
  – Door magnet
  – Electronic access control, if tied to fire alarm
COMMON PROBLEMS

• EP 19: Every 12 months test automatic smoke detection shutdown devices for air handling equipment
  – DOCUMENT THAT AIR HANDLERS ACTUALLY SHUT DOWN!
EC.02.03.05 EP 25

- Name of activity
- Date of activity
- Required frequency of the activity
- Name & contact information, including affiliation of person performing activity
- NFPA standards referenced
- Results
THIRD PARTY DOCUMENTATION

• Must be available & accessible
  – Reasonable time frame
• Must be complete
• Failure could be scored at Leadership
  – Holding staff accountable
ORGANIZATION COUNTS!

- Quickly identify compliance documentation for each EP
- Suggest notebook tabbed by EP
- Indicate if an EP is not applicable
- If a document contains compliance information for multiple EPs, use multiple copies
- Consider highlighting relevant information
6. Maintenance of building features to protect from fire and smoke (39%)
   – Hazardous areas
   – Smoke barriers
EC.02.06.01

7. Maintenance of safe, functional environment (35%)
   – Unsecured gas cylinders
   – Outdoor safety
   – Ventilation
   – Temperature
   – Humidity
LS.02.01.35
FIRE EXTINGUISHING SYSTEMS

9. LS.02.01.35: Provision & Maintenance of Fire Extinguishing Systems (34%)

• Cables & wires
• Sprinkler Clearance
• K extinguishers
10. Utility systems risks
   – Pressure differentials
   – Stained ceiling tiles
2012 LIFE SAFETY CODE®
2012 LIFE SAFETY CODE®

• CMS will propose a rule in August to adopt 2012 LSC
  – Step 4 of a 9 step process
• CMS waivers
• Use for new construction
CMS WAIVERS

• Specific 2012 LSC changes:
  – Previously restricted items in exit corridors
    • Carts in use, patient transport, certain fixed furniture
  – Kitchen may be able to open to exit corridor
  – Direct-vent gas & solid fuel burning fireplaces
  – Combustible decorations in some areas
CMS WAIVERS

• No need to show unreasonable hardship for these issues only
• Will evaluate waiver requests individually
• References:
  – ASHE Issue Brief 3/9/12
  – CMS Certification Memo S&C-12-21-LSC
CHANGES IN CHAPTER 18 (NEW) 2012

• Basement is not counted as floor
• Roof coverings must meet ASTM, ANSI, or UL
• Patient Sleeping Suites ≤ 7,500 SF or ≤10,000 SF when direct visual supervision AND smoke detection in common areas
• Vision panels shall NOT be wire glass (i.e. rated panels)
CHANGES IN CHAPTER 18 (NEW)
2012

• Wall Projections \( \leq 6'' \)
  – Non-continuous when \( > 38'' \) above finished floor

• Residential sprinklers permitted in patient sleeping rooms even though they are not “listed” for that use
CHANGES IN CHAPTER 18 (NEW) 2012

• Fixed Furniture
  – <50 square feet/grouping
  – Groups at least 10 feet apart
  – Clear corridor width ≥ 6 feet
  – All on one side
  – Not blocking emergency equipment
  – Smoke compartment fully sprinkled
  – Smoke detection if not directly supervised
CHANGES IN CHAPTER 18 (NEW) 2012

• ABHR in Patient Rooms not included in 10 Gallon limit (read carefully!)
• Residential Cooking Equipment (LTC)
• Fireplaces, gas and solid fuel (CO monitoring)
Changes in Chapter 19 (Exist) 2012

- Very Similar to Chapter 18
- Patient Sleeping Suites ≤5,000 SF or ≤7,500 SF when direct visual supervision AND smoke detection in common areas
- Same use of Fixed Furniture
- Exit signs NOT required at outside gates
USE OF NEWER THAN 2000 LSC

• May be approved by TJC
  – ALL provisions of the newer code must be met
• CMS has only offered waivers regarding the items previously discussed
CMS
SURVEYS

• Validation Surveys (about 2%)
  – Random, unannounced
  – 60 days of triennial survey
  – Comprehensive or focused

• Complaint Investigations
  – Unannounced
  – Initially focused, based on allegations

• Condition-level deficiency: full survey
CMS DEFICIENCIES

• Standard Level:
  – Single requirement or several requirements within an individual standard
  – Does not limit provision of adequate care
  – Does not adversely affect patient health & safety

• Condition Level:
  – Based on severity and magnitude of non-compliance

• Reflected on JC survey report
CONDITION LEVEL

• Joint Commission will conduct on-site, unannounced follow up
  – If not cleared after second follow up, no longer recommended for Medicare certification
  – Contingent accreditation

• CMS will conduct full survey
SURVEY COMPARISON

• Joint Commission
  – 1 LS Specialist
  – 2 Days
  • More in larger hospitals
  – Spot Check
  – More document review

• CMS
  – Many surveyors
  – As long as it takes
  – Top-to-bottom
  – Wall-to-wall
  – More field testing
QUESTIONS?

smclaughlin@mslhealthcare.com

847-420-3229